

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/049141</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2				1			52				
3				1			53				
4				3			54				
5				3			55				
6				1			56				
7				1			57				
8				3			58				
9				1			59				
10				1			60				
11				0			61				
12				1			62				
13				0			63				
14				1			64				
15				0			65				
16				0			66				
17				0			67				
18				0			68				
19				0			69				
20			1				70				
21				1			71				
22				2			72				
23				2			73				
24				2			74				
25				2			75				
26							76				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			33				TOTAL DEP.				
TOTAL CLAIMS			35				TOTAL CLAIMS				